



BUCK MEDICAL ASSOCIATION
Department of Medicine

1433 Fawcett Street, McKeesport, PA 15131
(412) 672-9781 • Fax: (412) 672-3754

Internal Medicine & Cardiology
Rudolph L. Buck, MD • Horacio S. Aure, MD
Joseph J. Secosky, MD

December 3, 2004

37-30969-01
03036708

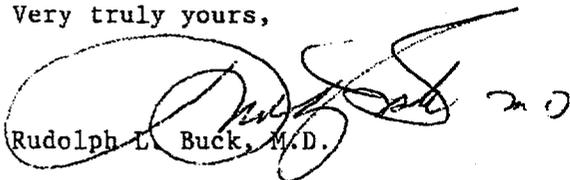
James Dwyer
Nuclear Regulatory Commission

Dear Mr. Dwyer:

As per our discussion December 3, 2004, I would like to make the following change to our United States Nuclear Regulatory Commission License. Please add Ronald L. Perrin, M.D., Certified by the American Board of Radiology.

Thank you for your consideration in expediting this addition.

Very truly yours,


Rudolph L. Buck, M.D.

RLB/jj

136052

This is to acknowledge the receipt of your letter/application dated

12/3/2008, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-30969-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136052.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20141130
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: BUCK MEDICAL ASSOCIATES
 Received Date: 20041203
 Docket No: 3036708
 Control No.: 136052
 License No.: 37-30969-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: /

3. COMMENTS

Signed M.A. Perkins
 Date 12/31/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____